

## LOAN AGREEMENT AND DISCLOSURE STATEMENT

**AMERICAN  
GENERAL  
FINANCIAL SERVICES**

DATE 11/15/02	ACCOUNT NUMBER 1172166	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PARTY NAME AND ADDRESS ("Lender")		LENDER'S TELEPHONE NUMBER 334-826-8940
AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. 323 AIRPORT RD STE D AUBURN, AL 36830-5701		
BORROWER(S) NAME AND ADDRESS ("I", "We")		
JOHNNY B HOLMES PO BOX 115 HARDAWAY, AL 36039		

COPY

I will read this entire Loan Agreement and Disclosure Statement ("Agreement") and all related documents carefully. If I have any questions, I will ask them before I sign any of these documents. By signing, I am indicating my agreement to the statements, promises, terms, and conditions contained in the documents I sign.

## TRUTH IN LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE The cost of my credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost me.	AMOUNT FINANCED The amount of credit provided to me or on my behalf.	TOTAL OF PAYMENTS The amount I will have paid after I have made all payments as scheduled.
26.99 %	\$ 2177.00	\$ 4583.74	\$ 6760.74

My Payment Schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
1	\$ 211.19	12/22/02
35	\$ 187.13	monthly beginning 01/22/03

LATE CHARGE: ☒ If any payment is not paid in full within 10 days after its due date, I will be charged 5.00 % of the unpaid amount of the payment, but not more than \$ 99.99 or less than \$ 10.00.

☐ If any payment is not paid in full within \_\_\_\_\_ days after its due date, I will be charged \$ \_\_\_\_\_ If the entire scheduled payment exceeds \$ \_\_\_\_\_ or \$ \_\_\_\_\_ If the entire scheduled payment is \$ \_\_\_\_\_ or less.

PREPAYMENT: If I pay off early:

☐ I may ☒ I will not have to pay a penalty or minimum charge.  
☒ I may ☐ I will not get a refund or credit of part of the finance charge.

SECURITY: I am giving Lender a security interest in:

☐ Real estate located at:

Year	Make	Model	Vehicle Identification No.

Motor Vehicles

Other Assets Description

Other Assets

☒ Household items described on the Personal Property Appraisal Form, which I have signed and which has been delivered to me with this Agreement.

ASSUMPTION: Someone buying my home, if it secures this loan, may not assume the remainder of this loan on the original terms unless approved by Lender.

See the remainder of this Agreement for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties, if any.

THIS AGREEMENT IS SUBJECT TO THE FEDERAL ARBITRATION ACT.

By signing below, I acknowledge receipt of a copy of this Federal Disclosure Statement.

Borrower

Co-Borrower

SEE REVERSE SIDE FOR ADDITIONAL DISCLOSURES



## ITEMIZATION OF AMOUNT FINANCED

Amounts paid to others on my behalf

1. \$	125.59	Single Life Premium	PAID TO LIFE INSURANCE COMPANY *
2. \$	370.51	Single Disability Premium	PAID TO DISABILITY INSURANCE COMPANY *
3. \$	NONE		PAID TO
4. \$	222.30	Personal Property Premium	PAID TO PERSONAL PROPERTY INSURANCE COMPANY*
5. \$	NONE		PAID TO
6. \$	NONE		PAID TO
7. \$	NONE		PAID TO
8. \$	NONE		PAID TO
9. \$	NONE		PAID TO
10. \$	NONE		PAID TO
11. \$	20.00	Recording/Releasing Fees UCC	PAID TO GOVERNMENT AGENCY
12. \$	NONE		PAID TO
13. \$	NONE		PAID TO
14. \$	NONE		PAID TO
15. \$	NONE		PAID TO
16. \$	NONE		PAID TO
17. \$	NONE		PAID TO
18. \$	NONE		PAID TO
19. \$	NONE		PAID TO
20. \$	NONE		PAID TO
21. \$		PAID TO	
22. \$		PAID TO	
23. \$		PAID TO	
24. \$		PAID TO	
25. \$		PAID TO	
26. \$		PAID TO	
27. \$		PAID TO	
28. \$		PAID TO	
29. \$		PAID TO	
30. \$		PAID TO	
31. \$		PAID TO	
32. \$		PAID TO	
33. \$		PAID TO	
34. \$		PAID TO	
35. \$		PAID TO	
36. \$		PAID TO	
37. \$		PAID TO	
38. \$		PAID TO	
39. \$		PAID TO	
40. \$		PAID TO	
41. \$		PAID TO	
42. \$		PAID TO	
43. \$		PAID TO	
44. \$		PAID TO	
45. \$		PAID TO	

Amount Paid on Prior Account with Lender

46. \$ 2945.32

Amounts Paid to me

47. \$	600.00	PAID TO JOHNNY B HOLMES
48. \$	300.02 **	PAID TO JOHNNY B HOLMES
49. \$		PAID TO
50. \$		PAID TO
51. \$		PAID TO
52. \$		PAID TO
53. \$		PAID TO
54. \$		PAID TO
55. \$		PAID TO
56. \$		PAID TO

\* Lender may retain a portion of these amounts.

\*\*For the purchase of the non-credit insurance(s) or other product(s) I requested, or I may cash the check and keep the funds.

\$ 4583.74 Amount Financed (Sum of lines 1 - 56)

\$ NONE Prepaid Finance Charges (itemized below)

## PREPAID FINANCE CHARGES

1. \$	NONE	PAID TO
2. \$	NONE	PAID TO
3. \$	NONE	PAID TO
4. \$	NONE	PAID TO
5. \$	NONE	PAID TO
6. \$	NONE	PAID TO
7. \$	NONE	PAID TO
8. \$	NONE	PAID TO
9. \$	NONE	PAID TO
10. \$	NONE	PAID TO
11. \$	NONE	PAID TO
12. \$	NONE	PAID TO
13. \$	NONE	PAID TO
14. \$	NONE	PAID TO

SEE NEXT PAGE FOR IMPORTANT INFORMATION

## TRUTH IN LENDING INSURANCE DISCLOSURES

DATE 11/15/02	ACCOUNT NUMBER 1172166	TYPE OF LOAN (Alpha) 800
LENDER/SECURED PARTY NAME AND ADDRESS ("Lender")		
AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. 323 AIRPORT RD STE D AUBURN, AL 36830-5701		
BORROWER(S) NAME AND ADDRESS ("I", "We")		
JOHNNY B HOLMES PO BOX 115 HARDAWAY, AL 36039		

COPY

CREDIT LIFE, DISABILITY, OR INVOLUNTARY UNEMPLOYMENT INSURANCE IS NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS I SIGN AND AGREE TO PAY THE ADDITIONAL COST. I cannot be denied credit simply because I choose not to buy credit insurance.

Type of Voluntary Credit Insurance	Premium
<b>CREDIT LIFE AND CREDIT DISABILITY INSURANCE *</b> I want single credit life insurance and single credit disability insurance. Date 11/15/02 <u>Johnny B. Holmes</u> <u>8 50</u> Borrower JOHNNY B HOLMES Date of Birth Date _____ Coverage not applicable. Co-Borrower Date of Birth	\$ 496.10
<b>CREDIT INVOLUNTARY UNEMPLOYMENT INSURANCE</b> Date _____ Insurance not available. Borrower Date of Birth Date _____ Insurance not available. Co-Borrower Date of Birth	<b>PAID BY RENEWAL</b> \$ NONE MAR 29 2004 American General Fin Services AUBURN, AL

\* If I/we have selected credit disability insurance, I/we certify by signing above that the proposed insured is actively at work at least 30 hours per week.

VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE (Not required to obtain credit. May be obtained from any insurer I choose.)	Term in Months	Premium
I want credit personal property insurance with a coverage amount of \$ 3800.00. Date 11/15/02 <u>Johnny B. Holmes</u> Borrower JOHNNY B HOLMES Date _____ Coverage not applicable. Co-Borrower	36	\$ 222.30

**CANCELLATION OF VOLUNTARY INSURANCE.** I may cancel any of the voluntary credit or voluntary credit personal property insurance coverages elected above within 30 days from the Date of the Loan Agreement (as provided for in the Insurance Policy(ies)) and receive a full refund of premium(s); however, any accrued interest, additional fees, prepaid finance charges, etc., I have paid because these insurance premium(s) were included in the amount I borrowed (Amount Financed) may not be refunded. I may also cancel any voluntary credit or voluntary credit personal property insurance after 30 days have expired, but I will receive a refund of only the unearned premium. To cancel my voluntary credit or voluntary credit personal property insurance, I must submit a signed and dated written request to cancel, along with the insurance certificate/policy received with the loan (if available), to the Lender's address herein, unless otherwise notified. Both I, the Borrower, and my Co-Borrower, if any, must sign the cancellation request. The refunded premiums may be paid to Lender to reduce the amount I owe on the loan.

**REQUIRED PROPERTY INSURANCE:** I may obtain required property insurance from anyone I want that is acceptable to Lender, or I may provide existing coverage through any insurance company or agent of my choice that is acceptable to Lender. Items that must be insured include any automobiles, all terrain vehicles, snowmobiles, watercraft, other titled vehicles, large equipment, and dwellings and other structures attached to real property ("Property").

SEE REVERSE SIDE FOR ADDITIONAL INSURANCE DISCLOSURES

**TRUTH IN LENDING INSURANCE DISCLOSURES (con'd)**

**VOLUNTARY CREDIT INSURANCE.** Lender's affiliate may provide the credit insurance that I voluntarily select. Lender and its affiliates expect to profit from my purchase of voluntary credit insurance, and I consent to this.

**VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE.** Lender does not require that I insure the personal property listed on the Personal Property Appraisal Form (if any); however, I may voluntarily purchase voluntary credit personal property insurance from Lender or its affiliate or from another insurance company. I should review my existing homeowner's and other physical damage insurance to determine whether voluntary credit personal property insurance duplicates or adversely affects my existing insurance coverage(s). Lender and/or its affiliates expect to profit from my purchase of voluntary credit personal property insurance, and I consent to this.

2-1-06 11:18

**AMERICAN  
GENERAL  
FINANCIAL SERVICES**

**INSURANCE DISCLOSURE SUMMARY**

Borrower Name and Address:  JOHNNY B HOLMES PO BOX 115 HARDAWAY, AL 36039	Branch Number: 1702
	Loan Number: 1172166
	Date: 11/15/02

I WANT TO PURCHASE THE INSURANCE/OTHER PRODUCTS NOTED BELOW AND HAVE THE PREMIUM/FEE FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE/OTHER PRODUCTS TO OBTAIN MY LOAN.

INSURANCE PRODUCT	INSURED(S)	PREMIUM
Credit Life	JOHNNY B HOLMES	\$ 125.59
Credit Disability	JOHNNY B HOLMES	\$ 370.51
Credit Involuntary Unemployment		\$ NONE
Credit Personal Property	JOHNNY B HOLMES	\$ 222.30
MERIT L.I.F.E. PLUS	JOHNNY B HOLMES	\$ 300.02
		\$
		\$
		\$
		\$
		\$
		\$
		\$
OTHER PRODUCTS	MEMBER(S)	PLAN FEE
		\$
		\$

I understand that I will have thirty (30) days from the time I receive my certificate/policy to cancel my coverage and receive a full premium refund. I understand that I may also cancel my coverage after this 30-day period and receive a refund of unearned premium. I may cancel my coverage by submitting a signed and dated written request to cancel, along with the Insurance certificate/policy (if available) to the office servicing my loan or to the Insurance company. I also understand I may cancel any other product(s) by returning all forms and materials to that company and receive a refund of any unearned fee.

**NON CREDIT INSURANCE:** I understand that any claims for benefits will be paid to me or my beneficiary and will not be paid to the lender.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

**INSURANCE SALESPERSON:**

*Angene Cook*  
 (Signature)  
 099430  
 (License Number)

**BORROWER:**

*Johnny B Holmes*  
 (Signature)

**CO-BORROWER:**

(Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the Insurance coverage to the Borrower.

American General  
 Insurance Compliance Services  
 601 NW 2nd Street, P.O. Box 159  
 Evansville, IN 47701-0159

## NOTE AND SECURITY AGREEMENT

AMERICAN  
GENERAL  
FINANCE

ACCOUNT NUMBER 1172166	TYPE E	DATE FINANCE CHARGE BEGINS TO ACCRUE IF DIFFERENT FROM DATE OF NOTE
BORROWER(S) NAME AND ADDRESS  JOHNNY B HOLMES PO BOX 115 HARDAWAY, AL 36039		PAYEE (LENDER) AMERICAN GENERAL FINANCE, INC. 323 AIRPORT RD STE D AUBURN, AL 36830-5701
Date of Note 10/03/01	First Payment Due Date 11/05/01	Other Payments Due on Same Date of Each Month
Final Payment Due Date 10/05/04	Amount of First Payment \$ 128.95	Amount of Balloon Payment \$ NONE
Amount of Monthly Payment \$ 124.38	Total Number of Payments 36	Term of Loan in Months 36

ITEMIZATION OF AMOUNT FINANCED	
1. \$ NONE Premium to Life Insurance Co. (Joint Coverage)	7. Appraiser for Appraisal Fee \$ NONE
2. \$ 80.29 Premium to Life Insurance Co. (Single Coverage)	8. Title Exam Fee/Title Insurance \$ NONE
3. \$ 246.27 Premium to Disability Insurance Co.	9. Taxes Paid to Govt Agency \$ NONE
4. \$ 131.76 Premium to Property Insurance Co. \$ 2400.00	10. Abstract Fee \$ NONE
5. \$ NONE Paid to Public Officials for Certificate of Title Fees	11. Attorney Fee \$ NONE
6. \$ 18.60 Paid to Public Officials for Recording and Reloading Fees	12. Paid on Prior Account with Lender \$ 2147.22
	13. Amount Paid to you or on your behalf itemized below \$ 302.78
14. \$ 2926.92 Amount Financed (Sum of lines 1 thru 13)	
15. \$ 1555.33 FINANCE CHARGE	
16. 30.07 % ANNUAL PERCENTAGE RATE	
17. \$ 4482.25 Total of Payments	
18. \$ 3046.92 Principal Amount of Loan (14 + 15A + 15B + 15C + 15D) \$ 302.78 YOU	

**PARTIES:** "You" means each and all of those who signed this Note and Security Agreement ("Agreement") as a Borrower. If there is more than one Borrower, each is liable for the entire obligation (joint and several liability). The word "we," "us" and "our" mean Lender.

**PROMISE TO PAY:** You agree and promise to pay the original Principal Amount of Loan (Amount Financed plus any Interest Surcharge, Prepaid Finance Charges which includes Interest Surcharge, Points, Brokers Fee and Mortgage Recording Tax) together with interest on the unpaid balances at the Agreed Rate of Charge set forth. The total of the original Principal Amount of Loan and such scheduled interest is to be repaid in monthly installments. The Finance Charge will be less if you make payments ahead of schedule, and greater if you make payments later than scheduled. You may prepay this loan in full or in part at any time without penalty. Partial prepayment will not defer or delay your obligation to pay remaining installments.

**TIME OF REPAYMENT:** The first payment shall be due on the First Payment Due Date indicated and the following payments shall be due on the same day of each succeeding month to and including the Final Payment Due Date.

**INTEREST SURCHARGE:** An interest surcharge of 6% of the first \$2,000 of the Amount Financed may be charged to you by us. If your loan is prepaid in full by any means within 90 days of the date of your loan, you will receive a pro rata refund or credit of the interest surcharge except that in such event, we can retain an amount of no less than \$25. After 90 days, the interest surcharge is fully earned by us. No refund of the interest surcharge will be made except as stated in this provision.

**LATE CHARGE:** If any payment is more than 10 days late, you will pay 5% of the unpaid amount of the payment, but not less than \$10.00 and not more than \$100.00.

**REQUIRED INSURANCE:** You agree to maintain insurance against all hazards and risks of physical damage on the collateral securing this loan (other than household goods) and name us as loss payee. You agree to maintain such insurance for the term of the loan. You may provide us with evidence of the required insurance coverage, we may purchase insurance at your expense to protect our interests in your collateral. This insurance may, but need not, protect your interests. The coverage that we purchase may not pay any claim that you make or any claim that is made against you in connection with the collateral. You may later cancel any insurance purchased by us, but only after providing us with evidence that you have obtained insurance as required by our agreement. If we purchase insurance for the collateral, you will be responsible for the costs of that insurance, including interest and any other charges we may impose in connection with the placement of the insurance, until the effective date of the cancellation or expiration of the insurance. The costs of the insurance may be added to your total outstanding balance or obligation. The costs of the insurance may be more than the cost of insurance you may be able to obtain on your own.

**CREDIT INSURANCE:** If you voluntarily request credit life or disability insurance, you acknowledge disclosure of the cost of such insurance and authorize us to include it in the balance payable under the note and security agreement. You understand that credit insurance is not required in connection with this loan and was not a factor in the approval of the extension of credit, and that you may obtain such insurance, if you want it, from any person you choose. If you have chosen to obtain credit insurance through Lender, then (a) your choice to obtain such credit insurance through Lender is indicated on a separately signed Federal Disclosure Statement, a copy of which has been given to you and (b) the cost of such credit insurance is included within the Amount Financed and is shown on the Itemization of Amount Financed.

NOTE: This Agreement contains multiple pages that include important information about your loan.

BY SIGNING BELOW, YOU HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS IN THIS DOCUMENT, INCLUDING THE ARBITRATION PROVISIONS THAT PROVIDE, AMONG OTHER THINGS, THAT EITHER YOU OR LENDER MAY REQUIRE THAT CERTAIN DISPUTES BETWEEN YOU AND LENDER BE SUBMITTED TO BINDING ARBITRATION. IF YOU OR LENDER ELECTS TO USE ARBITRATION, BOTH YOU AND LENDER WILL HAVE WAIVED YOUR AND LENDER'S RIGHT TO A TRIAL BY A JURY OR JUDGE. THE DISPUTE WILL BE DECIDED BY AN ARBITRATOR AND THE DECISION OF THE ARBITRATOR WILL BE FINAL. ARBITRATION WILL BE CONDUCTED PURSUANT TO THE RULES OF THE NATIONAL ARBITRATION FORUM.

COPY RECEIVED: You acknowledge receipt of a completely filled in copy of this Agreement and the Federal Disclosure Statement on a separate sheet.

CAUTION: IT IS IMPORTANT THAT YOU THOROUGHLY READ THE CONTRACT BEFORE YOU SIGN IT.

Witness

Witness

Signature of Principal Borrower

Signature of Other Borrower



SECURITY  
INTEREST:

You grant us a security interest in the property described in the Federal Disclosure Statement, the collateral appraisal of the same date signed by you and/or as described below, along with all attachments, accessories, replacements, accessions and proceeds thereof, including amounts payable under any insurance policy covering the loss of such property, and unearned premiums (all collectively "Property"). The Property secures your obligations under this Agreement and any modification, extension, or renewal thereof.

Year	Make	Model	Body Type	Vehicle Identification No.	N	U	No	Cyls

You grant us a security interest in any unearned premiums from any insurance you have elected and purchased through us in connection with this transaction which protects the account or collateral. You grant us the right, but not the obligation, to cancel such policies in the event of your default, subject to any applicable restrictions under state law. If we cancel the insurance, any unearned premium will be credited to this account or refunded to you.

BAD  
CHECK  
FEE:

We may charge you the greater of the bad check processing fee of \$ 28.00 or the amount equal to the actual charge made by the depository institution for the return of unpaid or dishonored instruments if you make a payment by check, draft or negotiable order of withdrawal and such instrument is refused by the bank because of insufficient funds or because you did not have an account at that bank at the time of presentation. Bad check fees will accrue.

## ATTORNEY FEES:

If the original principal amount of the loan exceeds \$300.00, you agree to pay reasonable attorney's fees should this loan be referred for collection to an attorney who is not a salaried employee. Attorney fees will not be in excess of 15% of the unpaid debt.

DEFAULT AND  
REMEDIES:

If you do not pay the full amount of any payment by the date it is due, if you fail to keep any promise in this Agreement, if all Borrowers die, or if any Bankruptcy proceeding is commenced by or against you, then you are in default. Upon default, we may accelerate this Agreement and demand from you immediate payment of the entire amount of the unpaid principal and accrued but unpaid interest, and any other accrued but unpaid charges. We may take immediate possession of the Property, with or without process, by peaceful entry upon the premises where the Property is located. Upon request, you will assemble the Property for us at any place we reasonably request. We have the rights, remedies, and duties of a secured party under the Alabama Uniform Commercial Code, and may sue you and/or foreclose our security interest in the Property as may be permitted or required thereunder and in compliance with all other applicable laws. You will remain liable to us for any remaining deficiency balance unless the original cash price of the goods was \$1,000 or less. The deficiency balance shall bear interest at the highest Agreed Rate(s) of Charge or Annual Percentage Rate as permitted by law. Our rights are cumulative and not exclusive.

INTEREST AFTER FINAL  
PAYMENT DUE DATE:

If there is any unpaid balance remaining on the Final Payment Due Date, you agree to pay interest on that balance at the rates set forth, or at the highest lawful contract rate whichever is higher.

DELAY IN  
ENFORCEMENT:

We may accept late payments or partial payments even though marked "payment in full" without losing any of our rights under this Agreement. We may delay enforcing any of our rights under this Agreement without losing them.

AGREEMENTS  
CONCERNING  
PROPERTY:

1. You agree that regardless of how affixed, the Property shall remain personal property, and shall not become part of any Real Estate.
2. You own the Property free and clear except for the security interest you have granted us and will keep the Property free and clear of any other liens, claims and security interests.
3. You will keep the Property at your address shown on this Agreement.
4. You will keep the Property in good repair, not misuse it, not use it for an improper or illegal purpose, hide it, or without our prior written consent, sell it.
5. You understand that all risk of loss is on you. You agree to keep the Property (not including household goods) fully insured with us as a loss payee or co-insured. **IN THE EVENT YOU FAIL TO KEEP THE PROPERTY FULLY INSURED, YOU AGREE THAT WE MAY, BUT ARE NOT OBLIGATED TO OBTAIN INSURANCE AND YOU WILL REIMBURSE US IMMEDIATELY FOR SUCH EXPENSE. IF SUCH INSURANCE IS PURCHASED BY US, WE MAY ADD SUCH PREMIUM TO YOUR ACCOUNT AND CHARGE INTEREST ON SUCH PREMIUM. NO LIABILITY INSURANCE WILL BE INCLUDED.** Notwithstanding the foregoing, you will not be required to maintain property insurance on household goods.
6. Until you reimburse us, all premiums paid by us, and our expenses related to insuring, protecting, repossessing, storing, repairing, foreclosing, and selling the Property are secured hereunder and shall bear interest at the Agreed Rates of Charge herein.
7. You irrevocably appoint us your Attorney-in-Fact to receive and endorse and apply to your balance any insurance draft we may receive.

GOVERNING  
LAW:

This loan is regulated by either the Alabama Small Loan Act, The Alabama Mini-Code and/or the Interest and Usury Statute depending on the amount and the term on the loan.

## CO-SIGNER GUARANTY AND GRANT OF SECURITY INTEREST:

To induce us to extend credit to the Borrower, the undersigned Co-Signer guarantees the Borrower's obligation to us as set forth in the Agreement above and on the reverse. You grant us a security interest in your interest, if any, of all property described in the Federal Disclosure Statement, Collateral Appraisal and/or that property as described in this Agreement, on the same terms, as found in the "Security Interest" and "Agreements Concerning Property" paragraphs in this Agreement. You understand that we may sue and collect Borrower's entire obligation from either or both of you if the Borrower defaults, regardless of whether we choose to sue or attempt to collect from the Borrower. You waive all defense, rights and notices, including, but not limited to, acceptance, presentment, demand, dishonor and subrogation, to the extent permitted by law. We may extend, renew, compromise or modify Borrower's obligation, substitute or release collateral, or delay in enforcement of our rights, all without your consent or notice, without you being released from your obligations to us under this guaranty and grant of security interest. If there is more than one Co-Signer, each of your guaranties, grants of security interest, agreements and waivers is joint and several.

Co-Signer's Signature \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

Co-Signer's Signature \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

Co-Signer acknowledges receipt of a separate copy of the NOTICE TO CO-SIGNER. If a security interest (mortgage or deed of trust) is being granted in your Co-Signer's principal dwelling to secure the Borrower's obligation, Co-Signer also acknowledges receipt of a copy of the Federal Disclosure Statement and two copies of the NOTICE OF RIGHT TO CANCEL, unless the transaction is purchase money, or is a refinance without new money except for earned interest and closing costs.

**AMERICAN  
GENERAL  
FINANCE**

## FEDERAL DISCLOSURE STATEMENT

ACCOUNT NUMBER 1172166		Borrower(s) Name and Address JOHNNY B HOLMES PO BOX 115 HARDAWAY, AL 36039						
Borrower(s) Name and Address JOHNNY B HOLMES PO BOX 115 HARDAWAY, AL 36039		LICENSED OFFICE: (LENDER) AMERICAN GENERAL FINANCE, INC. 323 AIRPORT RD STE D AUBURN, AL 36830-5701						
Date of Loan	First Payment Due Date	Other Payments Due on Same Date of Each Month	Final Payment Due Date	Amount of First Payment	Amount of Balloon Payment	Amount of Monthly Payment	Total Number of Payments	Term of Loan in Months
10/03/01	11/05/01		10/05/04	\$ 128.95	\$ NONE	\$ 124.38	36	36
ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate		FINANCE CHARGE The dollar amount the credit will cost you		AMOUNT FINANCED The amount of credit provided to you or on your behalf		TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled		
30.07 %		\$ 1555.33		\$ 2926.92		\$ 4482.25		

LATE CHARGE: If any payment is more than 10 days late, you will pay 5% of the unpaid amount of the payment, but not less than \$10.00 and not more than \$100.00.

PREPAYMENT: If you pay off early, you will not have to pay a penalty.

SECURITY: You are giving a security interest in:

- ☐ The goods or property being purchased. ☐ Motor Vehicle
- ☒ Other 1-31" ZENITH TV; 1-19" RCA TV; 1-RCA HOME STEREO; 1-RCA VCR PLAYER; 1-BRIGGS & STRATTON PUSHMOWER
- ☐ You are giving a security interest in your Real Estate located at
- ☐ The previous Mortgage/Deed of Trust is being retained as security on your loan.

ASSUMPTION: Someone buying your house may not assume the remainder of the Mortgage on the original terms.

INSURANCE: Credit life and/or credit disability insurance are not required to obtain a loan and will not be provided unless you sign and agree to pay the additional cost. You understand that we and/or our insurance affiliates anticipate a benefit and/or a profit from the sale of insurance, and you consent thereto if you select such insurance. If a rescission period applies, there is no credit life insurance coverage during the three day rescission period.

Type	Premium	Signature(s)
Single Decreasing Credit Life and Single Credit Disability		I want single decreasing credit life and single credit disability insurance
	\$ 326.56	Signature: <u>Johnny Holmes</u> First Named Borrower
		Second Named Borrower

You hereby certify that you are employed at least 30 hours per week. Johnny Holmes Insured Single Disability

## CREDIT LIFE AND/OR DISABILITY INSURANCE CANCELLATION OPTION

CREDIT LIFE AND/OR DISABILITY CANCELLATION: If you desire to do so, you may, without penalty or obligation, within 30 days from the Date of Loan set forth above, cancel the credit life and/or disability insurance coverage by returning the credit life and disability insurance certificate received in connection with this loan to the office where the loan was made. Upon cancellation, a full rebate of the insurance premiums paid for this coverage will be made. You may also cancel such policy after 30 days, however, you will only be entitled to a refund of the unearned premium.

## PERSONAL PROPERTY INSURANCE DISCLOSURE

You are required to maintain property insurance on personal property securing this loan other than household goods. You may obtain such insurance from anyone you want, or provide it through an existing policy with loss payable to us.

You are not required to purchase property insurance on your household goods to secure this loan. If you choose to have such insurance, you may obtain the insurance from anyone you want. You should consider any homeowner's or other insurance which you may already have when deciding to purchase insurance with this loan. If you purchase property insurance through us which covers the collateral which secures your loan other than a motor vehicle, you will have 30 days from the date of purchase to cancel the insurance and receive a full refund of the premium. A portion of the premium will be retained by the insurer if cancellation occurs more than 30 days from the date of the loan. To cancel you must return your policy/certificate or make a written request to this office.

If you obtain property insurance from or through us which covers the collateral which secures your loan other than a motor vehicle, it will be for a term of 36 months and you will pay \$ 131.76. You also understand that we and/or our insurance affiliates anticipate a benefit and/or a profit from your purchase of insurance.

You want property insurance  
Johnny Holmes Signature  
 \_\_\_\_\_ Signature

See the contract documents for any additional information about non-payment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties if any.

You have received a copy of this Federal Disclosure Statement.  
Johnny Holmes 10-3-01  
 First Named Borrower Date  
 \_\_\_\_\_ Second Named Borrower (if Applicable) \_\_\_\_\_ Date



## INSURANCE DISCLOSURE SUMMARY

**AMERICAN  
GENERAL  
FINANCE**

Borrower Name: JOHNNY B HOLMES		
Borrower Address (Street, City, State, Zip): PO BOX 115 HARDAWAY, AL 36039		
Branch Number: 1702	Loan Number: 1172166	Date: 10/03/01

I WANT TO PURCHASE THE INSURANCE NOTED BELOW AND HAVE THE INSURANCE PREMIUM FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE TO GET MY LOAN.

INSURANCE PRODUCT	INSURED(S)	PREMIUM
Credit Life	JOHNNY B HOLMES	\$ 80.29
Credit Disability	JOHNNY B HOLMES	\$ 246.27
Credit Personal Property	JOHNNY B HOLMES	\$ 131.76
		\$
		\$
		\$
		\$
		\$
		\$
		\$

I understand that if I later decide that I do not want any or all of the insurance, I can cancel coverage by returning the certificate/policy to the office where the loan was made and request a refund of any unearned premium.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

INSURANCE SALESPERSON:

*Stephanie Crow*  
(Signature)  
AL55325  
(License Number)

BORROWER:

*Johnny B Holmes*  
(Signature)

CO-BORROWER:

(Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

Policy Services - Insurance Operations

American General Finance, Inc.

601 NW 2nd Street, P.O. Box 159

Evansville, IN 47701-0159

Telephone: 1-800-325-2147 Telefax: (800) 350-9306

## LOAN AGREEMENT AND DISCLOSURE STATEMENT

AMERICAN  
GENERAL  
FINANCE

DATE 05/22/02	ACCOUNT NUMBER 1172166	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PARTY NAME AND ADDRESS ("Lender")		LENDER'S TELEPHONE NUMBER 334-826-8940
AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. 323 AIRPORT RD STE D AUBURN, AL 36830-5701		
Borrower(s) Name and Address ("We")		
JOHNNY B HOLMES PO BOX 115 HARDAWAY, AL 36039		

PAID BY RENEWAL  
NOV 15 2002  
American General Finance  
AUBURN, AL

COPY

I will read this entire Loan Agreement and Disclosure Statement ("Agreement") and all related documents carefully. If I have any questions, I will ask them before I sign any of these documents. By signing, I am indicating my agreement to the statements, promises, terms, and conditions contained in the documents I sign.

## TRUTH IN LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE The cost of my credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost me.	AMOUNT FINANCED The amount of credit provided to me or on my behalf.	TOTAL OF PAYMENTS The amount I will have paid after I have made all payments as scheduled.
29.46 %	\$ 1893.90	\$ 3582.13	\$ 5476.03

My Payment Schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
1	\$ 187.18	07/05/02
35	\$ 151.11	monthly beginning 08/05/02

LATE CHARGE: ☒ If any payment is not paid in full within 10 days after its due date, I will be charged 5.00 % of the unpaid amount of the payment, but not more than \$ 99.99 or less than \$ 10.00.

☐ If any payment is not paid in full within \_\_\_\_\_ days after its due date, I will be charged \$ \_\_\_\_\_ if the entire scheduled payment exceeds \$ \_\_\_\_\_ or \$ \_\_\_\_\_ if the entire scheduled payment is \$ \_\_\_\_\_ or less.

PREPAYMENT: If I pay off early:

☐ I may ☒ I will not have to pay a penalty or minimum charge.  
☒ I may ☐ I will not get a refund or credit of part of the finance charge.

SECURITY: I am giving Lender a security interest in:

☐ Real estate located at:

☐ Motor Vehicles

Year	Make	Model	Vehicle Identification No

☐ Other Assets

Other Assets Description

☒ Household items described on the Personal Property Appraisal Form, which I have signed and which has been delivered to me with this Agreement.

ASSUMPTION: Someone buying my home, if it secures this loan, may not assume the remainder of this loan on the original terms unless approved by Lender.

See the remainder of this Agreement for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties if any.

THIS AGREEMENT IS SUBJECT TO THE FEDERAL ARBITRATION ACT.

By signing below, I acknowledge receipt of a copy of this Federal Disclosure Statement.

Borrower

Co-Borrower

SEE REVERSE SIDE FOR ADDITIONAL DISCLOSURES

[illegible]

## TRUTH IN LENDING INSURANCE DISCLOSURES

DATE 05/22/02	ACCOUNT NUMBER 1172166	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PARTY NAME AND ADDRESS ("Lender")		
AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. 323 AIRPORT RD STE D AUBURN, AL 36830-5701		
BORROWER(S) NAME AND ADDRESS ("I," "We")		
JOHNNY B HOLMES PO BOX 115 HARDAWAY, AL 36039		

CREDIT LIFE, DISABILITY, OR INVOLUNTARY UNEMPLOYMENT INSURANCE IS NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS I SIGN AND AGREE TO PAY THE ADDITIONAL COST. I cannot be denied credit simply because I choose not to buy credit insurance.

Type of Voluntary Credit Insurance	Premium
<b>CREDIT LIFE AND CREDIT DISABILITY INSURANCE *</b> I want single credit life insurance and single credit disability insurance. Date 05/22/02 <u>Johnny Holmes</u> Borrower JOHNNY B HOLMES Date of Birth <u>2-8-1</u> Date _____ Co-Borrower Coverage not applicable. Date of Birth _____	\$ 397.43
<b>CREDIT INVOLUNTARY UNEMPLOYMENT INSURANCE</b> Date _____ Borrower Insurance not available. Date _____ Co-Borrower Insurance not available.	\$ NONE

\* If I/we have selected credit disability insurance, I/we certify by signing above that the proposed insured is actively at work at least 30 hours per week.

VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE (Not required to obtain credit. May be obtained from any insurer I choose.)	Term in Months	Premium
I want credit personal property insurance with a coverage amount of \$ 3000.00. Date 05/22/02 <u>Johnny Holmes</u> Borrower JOHNNY B HOLMES Date _____ Co-Borrower Coverage not applicable.	36	\$ 164.70

**CANCELLATION OF VOLUNTARY INSURANCE.** I may cancel any of the voluntary credit or voluntary credit personal property insurance coverages elected above within 30 days from the Date of the Loan Agreement (as provided for in the Insurance Policy(ies)) and receive a full refund of premium(s); however, any accrued interest, additional fees, prepaid finance charges, etc., I have paid because these insurance premium(s) were included in the amount I borrowed (Amount Financed) may not be refunded. I may also cancel any voluntary credit or voluntary credit personal property insurance after 30 days have expired, but I will receive a refund of only the unearned premium. To cancel my voluntary credit or voluntary credit personal property insurance, I must submit a signed and dated written request to cancel, along with the insurance certificate/policy received with the loan (if available), to the Lender's address herein, unless otherwise notified. Both I, the Borrower, and my Co-Borrower, if any, must sign the cancellation request. The refunded premiums may be paid to Lender to reduce the amount I owe on the loan.

**REQUIRED PROPERTY INSURANCE:** I may obtain required property insurance from anyone I want that is acceptable to Lender, or I may provide existing coverage through any insurance company or agent of my choice that is acceptable to Lender. Items that must be insured include any automobiles, all terrain vehicles, snowmobiles, watercraft, other titled vehicles, large equipment, and dwellings and other structures attached to real property ("Property").

SEE REVERSE SIDE FOR ADDITIONAL INSURANCE DISCLOSURES

**TRUTH IN LENDING INSURANCE DISCLOSURES (con'd)**

**VOLUNTARY CREDIT INSURANCE.** Lender's affiliate may provide the credit insurance that I voluntarily select. Lender and its affiliates expect to profit from my purchase of voluntary credit insurance, and I consent to this.

**VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE.** Lender does not require that I insure the personal property listed on the Personal Property Appraisal Form (if any); however, I may voluntarily purchase voluntary credit personal property insurance from Lender or its affiliate or from another insurance company. I should review my existing homeowner's and other physical damage insurance to determine whether voluntary credit personal property insurance duplicates or adversely affects my existing insurance coverage(s). Lender and/or its affiliates expect to profit from my purchase of voluntary credit personal property insurance, and I consent to this.

## INSURANCE DISCLOSURE SUMMARY

**AMERICAN  
GENERAL  
FINANCE**

Borrower Name and Address:  JOHNNY B HOLMES PO BOX 115 HARDAWAY, AL 36039	Branch Number: 1702
	Loan Number: 1172166
	Date: 05/22/02


I WANT TO PURCHASE THE INSURANCE NOTED BELOW AND HAVE THE INSURANCE PREMIUM FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE TO GET MY LOAN.

INSURANCE PRODUCT	INSURED(S)	PREMIUM
Credit Life	JOHNNY B HOLMES	\$ 98.24
Credit Disability	JOHNNY B HOLMES	\$ 299.19
Credit Personal Property	JOHNNY B HOLMES	\$ 164.70
		\$
		\$
		\$
		\$
		\$
		\$
		\$

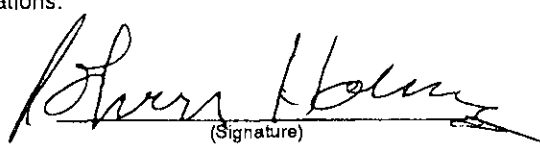
I understand that if I later decide that I do not want any or all of the insurance, I can cancel coverage by returning the certificate/policy to the office where the loan was made and request a refund of any unearned premium.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

INSURANCE SALESPERSON:

  
 (Signature)  
 0031822  
 (License Number)

BORROWER:

  
 (Signature)

CO-BORROWER:

\_\_\_\_\_  
 (Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

American General  
 Insurance Compliance Services  
 601 NW 2nd Street, P.O. Box 159  
 Evansville, IN 47701-0159

Telephone: 1-800-325-2147    Telefax: (800) 350-9306



## LOAN AGREEMENT AND DISCLOSURE STATEMENT

**AMERICAN  
GENERAL  
FINANCIAL SERVICES**

DATE 03/29/04	ACCOUNT NUMBER 1172166	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PARTY NAME AND ADDRESS ("Lender")		LENDER'S TELEPHONE NUMBER 334-826-8940
AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. 323 AIRPORT RD STE D AUBURN, AL 36830-5701		
BORROWER(S) NAME AND ADDRESS ("I", "We")		
JOHNNY B HOLMES PO BOX 115 HARDAWAY, AL 36039		

I will read this entire Loan Agreement and Disclosure Statement ("Agreement") and all related documents carefully. If I have any questions, I will ask them before I sign any of these documents. By signing, I am indicating my agreement to the statements, promises, terms, and conditions contained in the documents I sign.

## TRUTH IN LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE The cost of my credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost me.	AMOUNT FINANCED The amount of credit provided to me or on my behalf.	TOTAL OF PAYMENTS The amount I will have paid after I have made all payments as scheduled.
22.45 %	\$ 1970.33	\$ 5099.63	\$ 7069.96

My Payment Schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
1	\$ 211.01	05/04/04
35	\$ 195.97	monthly beginning 06/04/04

LATE CHARGE: ☒ If any payment is not paid in full within 10 days after its due date, I will be charged 5.00 % of the unpaid amount of the payment, but not more than \$ 99.99 or less than \$ 10.00.

☐ If any payment is not paid in full within \_\_\_\_\_ days after its due date, I will be charged \$ \_\_\_\_\_ if the entire scheduled payment exceeds \$ \_\_\_\_\_ or \$ \_\_\_\_\_ if the entire scheduled payment is \$ \_\_\_\_\_ or less.

PREPAYMENT: If I pay off early:

☐ I may ☒ I will not have to pay a penalty or minimum charge.  
☒ I may ☐ I will not get a refund or credit of part of the finance charge.

SECURITY: I am giving Lender a security interest in:

☐ Real estate located at:

Year	Make	Model	Vehicle Identification No.

Motor Vehicles

Other Assets Description

Other Assets

☒ Household items described on the Personal Property Appraisal Form, which I have signed and which has been delivered to me with this Agreement.

ASSUMPTION: Someone buying my home, if it secures this loan, may not assume the remainder of this loan on the original terms unless approved by Lender.

☐ My loan contains a variable-rate feature. Disclosures about the variable-rate feature have been provided to me earlier.

See the remainder of this Agreement for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties, if any.

## THIS AGREEMENT IS SUBJECT TO THE FEDERAL ARBITRATION ACT.

By signing below, I acknowledge receipt of a copy of this Federal Disclosure Statement.

Borrower

Co-Borrower

SEE REVERSE SIDE FOR ADDITIONAL DISCLOSURES

## ITEMIZATION OF AMOUNT FINANCED

Amounts paid to others on my behalf

1. \$	135.74	Single Life Premium	PAID TO LIFE INSURANCE COMPANY *
2. \$	388.02	Single Disability Premium	PAID TO DISABILITY INSURANCE COMPANY *
3. \$	NONE		PAID TO
4. \$	251.79	Personal Property Premium	PAID TO PERSONAL PROPERTY INSURANCE COMPANY*
5. \$	NONE		PAID TO
6. \$	NONE		PAID TO
7. \$	NONE		PAID TO
8. \$	NONE		PAID TO
9. \$	NONE		PAID TO
10. \$	NONE		PAID TO
11. \$	20.00	Recording/Releasing Fees UCC	PAID TO GOVERNMENT AGENCY
12. \$	NONE		PAID TO
13. \$	NONE		PAID TO
14. \$	NONE		PAID TO
15. \$	NONE		PAID TO
16. \$	NONE		PAID TO
17. \$	NONE		PAID TO
18. \$	NONE		PAID TO
19. \$	NONE		PAID TO
20. \$	NONE		PAID TO
21. \$		PAID TO	
22. \$		PAID TO	
23. \$		PAID TO	
24. \$		PAID TO	
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40. \$		PAID TO	
41. \$		PAID TO	
42. \$		PAID TO	
43. \$		PAID TO	
44. \$		PAID TO	
45. \$		PAID TO	

Amount Paid on Prior Account with Lender

46. \$ 2914.13

Amounts Paid to me

47. \$	1000.00	PAID TO JOHNNY B HOLMES
48. \$	150.00 **	PAID TO JOHNNY B HOLMES
49. \$	239.95 **	PAID TO JOHNNY B HOLMES
50. \$		PAID TO
51. \$		PAID TO
52. \$		PAID TO
53. \$		PAID TO
54. \$		PAID TO
55. \$		PAID TO
56. \$		PAID TO

\* Lender may retain a portion of these amounts.

\*\*For the purchase of the non-credit insurance(s) or other product(s) I requested, or I may cash the check and keep the funds.

\$ 5099.63 Amount Financed (Sum of lines 1 - 56)

\$ 120.00 Prepaid Finance Charges (Itemized below)

## PREPAID FINANCE CHARGES

1. \$	120.00	Interest Surcharge	PAID TO LENDER
2. \$	NONE		PAID TO
3. \$	NONE		PAID TO
4. \$	NONE		PAID TO
5. \$	NONE		PAID TO
6. \$	NONE		PAID TO
7. \$	NONE		PAID TO
8. \$	NONE		PAID TO
9. \$	NONE		PAID TO
10. \$	NONE		PAID TO
11. \$	NONE		PAID TO
12. \$	NONE		PAID TO
13. \$	NONE		PAID TO
14. \$	NONE		PAID TO
15. \$	NONE		PAID TO

SEE NEXT PAGE FOR IMPORTANT INFORMATION

## TRUTH IN LENDING INSURANCE DISCLOSURES

DATE 03/29/04	ACCOUNT NUMBER 1172166	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PARTY NAME AND ADDRESS ("Lender")		
AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. 323 AIRPORT RD STE D AUBURN, AL 36830-5701		
BORROWER(S) NAME AND ADDRESS ("I", "We")		
JOHNNY B HOLMES PO BOX 115 HARDANAY, AL 36039		

CREDIT LIFE, DISABILITY, OR INVOLUNTARY UNEMPLOYMENT INSURANCE IS NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS I SIGN AND AGREE TO PAY THE ADDITIONAL COST. I cannot be denied credit simply because I choose not to buy credit insurance.

Type of Voluntary Credit Insurance	Premium
<b>CREDIT LIFE AND CREDIT DISABILITY INSURANCE *</b> I want single credit life insurance and single credit disability insurance. Date 03/29/04 <u>Johnny B Holmes</u> Borrower <u>2-28-57</u> Date of Birth Date _____ Coverage not applicable. _____ Date of Birth Co-Borrower _____ Date of Birth	\$ 523.76
<b>CREDIT INVOLUNTARY UNEMPLOYMENT INSURANCE</b> Date _____ Insurance not available. _____ Date of Birth Borrower _____ Date of Birth Date _____ Insurance not available. _____ Date of Birth Co-Borrower _____ Date of Birth	\$ NONE

\* If I/we have selected credit disability insurance, I/we certify by signing above that the proposed insured is actively at work at least 30 hours per week.

VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE (Not required to obtain credit. May be obtained from any insurer I choose.)	Term In Months	Premium
I want credit personal property insurance with a coverage amount of \$ 4304.08. Date 03/29/04 <u>Johnny B Holmes</u> Borrower _____ Date _____ Coverage not applicable. _____ Date of Birth Co-Borrower _____ Date of Birth	36	\$ 251.79

**CANCELLATION OF VOLUNTARY INSURANCE.** I may cancel any of the voluntary credit or voluntary credit personal property insurance coverages elected above within 30 days from the Date of the Loan Agreement (as provided for in the Insurance Policy(ies)) and receive a full refund of premium(s); however, any accrued interest, additional fees, prepaid finance charges, etc., I have paid because these insurance premium(s) were included in the amount I borrowed (Amount Financed) may not be refunded. I may also cancel any voluntary credit or voluntary credit personal property insurance after 30 days have expired, but I will receive a refund of only the unearned premium. To cancel my voluntary credit or voluntary credit personal property insurance, I must submit a signed and dated written request to cancel, along with the Insurance certificate/policy received with the loan (if available), to the Lender's address herein, unless otherwise notified. Both I, the Borrower, and my Co-Borrower, if any, must sign the cancellation request. The refunded premiums may be paid to Lender to reduce the amount I owe on the loan.

**REQUIRED PROPERTY INSURANCE:** I may obtain required property insurance from anyone I want that is acceptable to Lender, or I may provide existing coverage through any insurance company or agent of my choice that is acceptable to Lender. Items that must be insured include any automobiles, all terrain vehicles, snowmobiles, watercraft, other titled vehicles, large equipment, and dwellings and other structures attached to real property ("Property").

SEE REVERSE SIDE FOR ADDITIONAL INSURANCE DISCLOSURES

**TRUTH IN LENDING INSURANCE DISCLOSURES (con'd)**

**VOLUNTARY CREDIT INSURANCE.** Lender's affiliate may provide the credit insurance that I voluntarily select. Lender and/or its affiliates expect to profit from my purchase of voluntary credit insurance, and I consent to this.

**VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE.** Lender does not require that I insure the personal property listed on the Personal Property Appraisal Form (if any); however, I may voluntarily purchase voluntary credit personal property insurance from Lender or its affiliate or from another insurance company. I should review my existing homeowner's and other physical damage insurance to determine whether voluntary credit personal property insurance duplicates or adversely affects my existing insurance coverage(s). Lender and/or its affiliates expect to profit from my purchase of voluntary credit personal property insurance, and I consent to this.

**AMERICAN  
GENERAL  
FINANCIAL SERVICES**

**INSURANCE DISCLOSURE SUMMARY**

Borrower Name and Address:  JOHNNY B HOLMES PO BOX 115 HARDAWAY, AL 36039	Branch Number: 1702
	Loan Number: 1172166
	Date: 03/29/04

I WANT TO PURCHASE THE INSURANCE/OTHER PRODUCTS NOTED BELOW AND HAVE THE PREMIUM/FEE FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE/OTHER PRODUCTS TO OBTAIN MY LOAN.


INSURANCE PRODUCT	INSURED(S)	PREMIUM
Credit Life	JOHNNY B HOLMES	\$ 135.74
Credit Disability	JOHNNY B HOLMES	\$ 388.02
Credit Involuntary Unemployment		\$ NONE
Credit Personal Property	JOHNNY B HOLMES	\$ 251.79
MERIT L.I.F.E. PLUS	JOHNNY B HOLMES	\$ 150.00
		\$
		\$
		\$
		\$
		\$
		\$
		\$
OTHER PRODUCTS	MEMBER(S)	PLAN FEE
'Home & Auto Security Plan	JOHNNY B HOLMES	\$ 239.95
		\$

I understand that I will have thirty (30) days from the time I receive my certificate/policy to cancel my coverage and receive a full premium refund. I understand that I may also cancel my coverage after this 30-day period and receive a refund of unearned premium. I may cancel my coverage by submitting a signed and dated written request to cancel, along with the Insurance certificate/policy (if available) to the office servicing my loan or to the insurance company. I also understand I may cancel any other product(s) by returning all forms and materials to that company and receive a refund of any unearned fee.

**NON CREDIT INSURANCE:** I understand that any claims for benefits will be paid to me or my beneficiary and will not be paid to the lender.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

**INSURANCE SALESPERSON:**

  
 (Signature)  
 A195839  
 (License Number)

**BORROWER:**

  
 (Signature)

**CO-BORROWER:**

(Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

American General  
 Insurance Compliance Services  
 601 NW 2nd Street, P.O. Box 159  
 Evansville, IN 47701-0159